

CHAPTER 2  
SECTION 7.1

PROVIDER EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME:    RECORD TYPE INDICATOR (3-001)			
VALIDITY EDITS			
3-001-01V	MUST =	3	PROVIDER
RELATIONAL EDITS			
NONE			
ELEMENT NAME:    PROVIDER TAXPAYER NUMBER (3-005)			
VALIDITY EDITS			
NONE			
RELATIONAL EDITS			
3-005-01R	IF PROVIDER TAXPAYER NUMBER IDENTIFIER =	E	INDICATES ‘EIN’ <b>OR</b>
		S	INDICATES ‘SSN’ (VALID FOR NON-INSTITUTIONAL ONLY)
THEN PROVIDER TAXPAYER NUMBER MUST BE NUMERIC			
3-005-02R	IF PROVIDER TAXPAYER NUMBER IDENTIFIER =	A	ASSIGNED BY CONTRACTOR
		• (OUTSIDE CONTRACTOR JURISDICTION)	
		THEN FIRST THREE POSITIONS MUST EQUAL THE PROVIDER STATE/COUNTRY CODE IN THE PROVIDER ADDRESS	
		AND THE FOURTH POSITION MUST = ‘A’	
		AND THE LAST FIVE POSITIONS MUST BE NUMERIC.	
		• (INSIDE CONTRACTOR JURISDICTION)	
THEN FIRST THREE POSITIONS MUST EQUAL THE PROVIDER STATE/COUNTRY CODE IN THE PROVIDER ADDRESS			
AND THE LAST SIX POSITIONS MUST BE NUMERIC.			
ELEMENT NAME:    PROVIDER SUB-IDENTIFIER (3-010)			
VALIDITY EDITS			
3-010-01V	LAST TWO DIGITS MUST BE NUMERIC.		
RELATIONAL EDITS			
NONE			

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**ELEMENT NAME: PROVIDER TAXPAYER NUMBER IDENTIFIER (3-015)**

**VALIDITY EDITS**

**3-015-01V** MUST BE A VALID PROVIDER TAXPAYER NUMBER IDENTIFIER.

**RELATIONAL EDITS**

**3-015-01R** IF **THIRD POSITION OF** PROVIDER STATE/COUNTRY CODE = BLANK (**NOT A FOREIGN COUNTRY**)

**OR** PROVIDER STATE/  
COUNTRY CODE = PRI PUERTO RICO

**AND** INSTITUTIONAL/NON-  
INSTITUTIONAL INDICATOR = I INSTITUTIONAL

**THEN** PROVIDER  
TAXPAYER NUMBER  
IDENTIFIER MUST = E INDICATES EIN

**ELEMENT NAME: CONTRACTOR NUMBER (3-020)**

**VALIDITY EDITS**

**3-020-01V** MUST BE A VALID CONTRACTOR NUMBER (REFER TO CHAPTER 2, SECTION 2.10 ).

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PROVIDER CONTRACT AFFILIATION CODE (3-025)**

**VALIDITY EDITS**

**3-025-01V** MUST BE A VALID PROVIDER CONTRACT AFFILIATION CODE (REFER TO CHAPTER 2, SECTION 2.10 ).

**RELATIONAL EDITS**

**3-025-02R** IF PROVIDER CONTRACT  
AFFILIATION CODE = 5 NON-CERTIFIED PROVIDERS

**THEN** PROVIDER ACCEPTANCE DATE MUST = ZEROES

**AND** PROVIDER TERMINATION DATE MUST = ZEROES

**ELEMENT NAME: INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR (3-030)**

**VALIDITY EDITS**

**3-030-01V** MUST BE A VALID INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR

**RELATIONAL EDITS**

NONE

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**ELEMENT NAME: PROVIDER NAME (3-035)**

**VALIDITY EDITS**

**3-035-01V** MUST BE LEFT JUSTIFIED AND BLANK FILLED.  
**MUST NOT BE ALL SPACES.**  
 NO BLANKS IN A ROW ALLOWED UNTIL BLANK FILLING.

**RELATIONAL EDITS**

NONE

<sup>1</sup> AN APOSTROPHE IS A LEGAL CHARACTER IN PROVIDER'S NAME.

**ELEMENT NAME: PROVIDER STREET ADDRESS (3-045)**

**VALIDITY EDITS**

**3-045-01V** IF **THIRD POSITION OF** PROVIDER STATE/COUNTRY CODE = BLANK (NOT A FOREIGN COUNTRY)

**THEN PROVIDER STREET ADDRESS MUST BE LEFT JUSTIFIED AND BLANK FILLED.**

NO BLANKS IN A ROW ALLOWED UNTIL THE BLANK FILLING AREA.  
 MUST NOT BE ALL BLANKS.

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PROVIDER CITY (3-050)**

**VALIDITY EDITS**

**3-050-01V** MUST BE LEFT JUSTIFIED AND BLANK FILLED.  
 TWO BLANKS IN A ROW NOT ALLOWED UNTIL THE BLANK FILLING AREA.  
 MUST NOT BE ALL BLANKS.

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (3-055)**

**VALIDITY EDITS**

**3-055-01V** MUST BE A VALID PROVIDER STATE OR COUNTRY CODE IN CHAPTER 2, ADDENDUM A OR ADDENDUM B.

**RELATIONAL EDITS**

NONE

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PROVIDER EDIT REQUIREMENTS (ELN 000 - 099)

**ELEMENT NAME: PROVIDER ZIP CODE (3-060)**

**VALIDITY EDITS**

**3-060-01V** MUST BE 9 DIGITS **OR** 5 DIGITS WITH 4 BLANKS

MUST BE A VALID ZIP CODE (BASED ON CURRENT SYSTEM DATE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE **OR**

MUST BE A 3 CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE<sup>1</sup>) FOLLOWED BY 6 BLANKS

**RELATIONAL EDITS**

**3-060-01R** PROVIDER ZIP CODE MUST BE WITHIN THE CONTRACTOR NUMBER AREA OF RESPONSIBILITY (REFER TO [CHAPTER 2, ADDENDUM J](#) FOR A LISTING OF VALID STATES FOR EACH CONTRACTOR NUMBER).

<sup>1</sup> WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST [CHAPTER 2, ADDENDUM A](#).

**ELEMENT NAME: PROVIDER BILLING STREET ADDRESS (3-070)**

**VALIDITY EDITS**

**3-070-01V** MUST BE LEFT JUSTIFIED AND BLANK FILLED.  
TWO BLANKS IN A ROW **NOT** ALLOWED **UNTIL** THE BLANK FILLING AREA.

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PROVIDER BILLING CITY (3-075)**

**VALIDITY EDITS**

**3-075-01V** MUST BE LEFT JUSTIFIED AND BLANK FILLED.  
TWO BLANKS IN A ROW **NOT** ALLOWED **UNTIL** THE BLANK FILLING AREA.

**RELATIONAL EDITS**

NONE

**ELEMENT NAME: PROVIDER BILLING STATE COUNTRY CODE (3-080)**

**VALIDITY EDITS**

**3-080-01V** MUST BE ALL BLANKS OR APPEAR IN [CHAPTER 2, ADDENDUM A](#) AND [ADDENDUM B](#) LISTING VALID STATE OR COUNTRY CODE FIGURES.

**RELATIONAL EDITS**

NONE

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<b>ELEMENT NAME: PROVIDER BILLING ZIP CODE (3-085)</b>	
<b>VALIDITY EDITS</b>	
<b>3-085-01V</b>	MUST BE 9 DIGITS <b>OR</b> 5 DIGITS WITH 4 BLANKS
	MUST BE A VALID ZIP CODE (BASED ON CURRENT SYSTEM DATE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE <b>OR</b>
	MUST BE A 3 CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE <sup>1</sup> ) FOLLOWED BY 6 BLANKS
<b>RELATIONAL EDITS</b>	
NONE	
<sup>1</sup> WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST <a href="#">CHAPTER 2, ADDENDUM A.</a>	

<b>ELEMENT NAME: PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (3-090)</b>	
<b>VALIDITY EDITS</b>	
NONE	
<b>RELATIONAL EDITS</b>	
<b>3-090-01R</b>	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = I INSTITUTIONAL
	<b>THEN</b> MUST BE VALID PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (REFER TO <a href="#">CHAPTER 2, ADDENDUM D, FIGURE 2-D-1</a> ).
<b>3-090-02R</b>	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL
	<b>THEN</b> MUST BE A VALID PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (REFER TO <a href="#">CHAPTER 2, ADDENDUM C, FIGURE 2-C-2</a> ).
<b>3-090-03R</b>	IF PROVIDER MAJOR SPECIALTY/TYPE INSTITUTION = 183500000X (PHARMACY SERVICE PROVIDERS/PHARMACIST)
	<b>THEN CONTRACTOR NUMBER MUST = 02 TMOP</b>

<b>ELEMENT NAME: TYPE OF INSTITUTION TERM INDICATOR CODE (3-095)</b>	
<b>VALIDITY EDITS</b>	
<b>3-095-01V</b>	MUST BE A VALID TYPE OF INSTITUTION TERM INDICATOR CODE.
<b>RELATIONAL EDITS</b>	
<b>3-095-01R</b>	IF TYPE OF INSTITUTION CODE TERM INDICATOR = L LONG-TERM <b>OR</b>
	S SHORT-TERM
	<b>THEN</b> INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR MUST = I INSTITUTIONAL

